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RAYMOND A. JOAO, ESQ.
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YONKERS, NEW YORK 10703
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FAX COVER SHEET

To: The United States Patent and Trademark Office

From: Raymond A. Joao, Esq.

Date: December 17, 2011

Fax No.: 571-273-8300


No. Pages: 33 (including cover)

Re: REQUEST FOR CONTINUED EXAMINATION (RCE) - U.S. Patent
Application Serial No. 10/781,751

To Whom It May Concern:

Please find transmitted herewith a REQUEST FOR CONTINUED EXAMINATION (RCE) for filing in the above-identified application.

Respectfully Submitted,



Raymond A. Joao
Reg. No. 35,907

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PTO/SB/17 (09-11)

Approved for use through 01/31/2014. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

Complete If Known

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **465.00**

Application Number	10/781,751
Filing Date	FEBRUARY 20, 2004
First Named Inventor	RAYMOND A. JOAO
Examiner Name	E. BLOUNT
Art Unit	2612
Attorney Docket No.	RJ455

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	380	190	620	310	250	125	
Design	250	125	120	60	160	80	
Plant	250	125	380	190	200	100	
Reissue	380	190	620	310	750	375	
Provisional	250	125	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	60	30
Each independent claim over 3 (including Reissues)	250	125
Multiple dependent claims	450	225
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
	Multiple Dependent Claims	
	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)


Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **RCE FILING FEE**

Fees Paid (\$)

\$465.00

SUBMITTED BY

Signature		Registration No.	35,907	Telephone	914-969-2992
Name (Print/Type)	RAYMOND A. JOAO	(Attorney/Agent)		Date	12/17/11

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PTO/SB/17 (08-11)

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Examiner Name	E. BLOUNT
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Extra Claims		
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Fee Paid (\$)		
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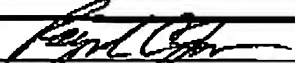
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**
 Other (e.g., late filing surcharge): **RCE FILING FEE** **\$465.00**


SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	35,907
Name (Print/Type)	RAYMOND A. JOAO	Telephone	914-969-2992
		Date	12/17/11

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I hereby certify that this correspondence is being transmitted via facsimile transmission to the United States Patent and Trademark Office at 571-273-8300 on December 17, 2011.


Raymond A. Joao

RJ455

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 10/781,751

FILED : FEBRUARY 20, 2004

FOR : CONTROL, MONITORING AND/OR SECURITY APPARATUS
AND METHOD

EXAMINER : E. BLOUNT

GROUP : 2612

Mail Stop RCE
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL LETTER

Sir:


Please find transmitted herewith the following for filing in the above-identified application:

1. Request For Continued Examination (RCE)

Transmittal Form;

2. Credit Card Payment Form for \$465.00, for payment of the required RCE filing fee;
3. Fee Transmittal Sheet (in duplicate) for the payment of the required RCE filing fee; and
4. Amendment.

Respectfully Submitted,



Raymond A. Joao
Reg. No. 35,907

December 17, 2011

Raymond A. Joao, Esq.
122 Bellevue Place
Yonkers, New York 10703
(914) 969-2992